

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009051

Entity Name  
NEEDLENOSE NO. 1, L.C.

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90189 001 \*\*\*330.00

Principal Place of Business

9125 N. Bayshore Dr  
898 NE 88TH STREET  
MIAMI FL 33138

Mailing Address

9125 N. Bayshore Dr.  
898 NE 88TH STREET  
MIAMI FL 33138

2. Principal Place of Business

9125 N. Bayshore  
Suite, Apt. #, etc.

3. Mailing Address

9125 N Bayshore  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami

Zip

33138

Country

USA

Zip

33138

Country

USA



DO NOT WRITE IN THIS SPACE

65-1089249

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, SANDRA  
898 NE 88 STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELLIOTT, ERNEST F  
898 NE 88 STREET  
MIAMI FL 33138

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELLIOTT, SANDRA  
898 NE 88 STREET  
MIAMI FL 33138

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KELLER, LISA  
1720 SW 3RD AVE  
POMPANO BEACH FL 33060

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCOURT, TAMMY  
229 MILANO DR  
ROUGHPKEEPSIE NY 12603

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Sandra Elliott*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305  
7/15/02 754-6995  
Date Daytime Phone #

CR2E083 (9/01)